Jercinovic Pediatrics

NEWBORN MEDICAL QUESTIONNAIRE

All information must be filled out in full

PLEASE PRINT

Today's Date:					
Patient's Last Name:	First:	Middle:	Date of Birth:	Sex: □M □F	
Street Address:	City:	State:	Zip:	Home Phone: Other Emergency #:	
Mother's Cell Phone:	Mother's work #	Father's Cell Phone:	Father's work #	Other Contact numbers:	
Have you called your child by any other name?					

PREGNANCY AND BIRTH					
Birth City:	State:	Birth Hospital:	Birth Weight:	Was it a regular or Cesarean delivery?	Mother's age at birth:
Who was your Obstetrician?					
Has a doctor from this office seen your baby in the nursery? □Yes □ No	If "no", who was the Dr. that cared for the baby?				
Was the baby on time? □ Yes □ No	If not on time, how much early/late?	Did baby have trouble breathing? □ Yes □ No	Please state APGAR score if you know		
Did baby have any health problem while in hospital? (Jaundice, infections, other) □ Yes □ No	If yes, please explain.				
Did mother have any illness during pregnancy? □ Yes □ No	If yes, please explain.				
Did mother take any medications/drugs during pregnancy? □ Yes □ No	If yes, please explain.				
What was the **birth weight**? Lb. Oz.	What was the **discharge weight**? Lb. Oz.				
How long did the baby stay in the hospital?					

OTHER PAST MEDICAL HISTORY	
Has your child been ill in any way since discharge from the hospital? □ Yes □ No	If yes, please explain.
As of today, has your child been seen by another physician or been in hospital for any illness? □ Yes □ No	If yes, please explain
Any other hospitalization or injuries?	
Have any immunizations been given so far?	

FEEDING AND NUTRITION			
Is your child's appetite usually good? □Yes □ No	Is it good now? □Yes □ No		
Is the baby breast or bottle fed?			
If breast, how often do you nurse the baby	Every hrs., for minutes on each side		
If formula, which one?	How often? Every hrs.	How much does he/she take? Oz.	How many oz. in 24 hrs?
Does your baby spit up? □Yes □ No			
Does the baby appear satisfied with current feedings? □Yes □ No			
Does he/she take vitamins? □Yes □ No			

USE THIS AREA IF YOU HAVE COMENTS OR CONCERNS